County: Buffalo ST MICHAEL'S EVANGELICAL LUTHERAN HOME 270 NORTH STREET FOUNTAIN CITY 54629 Phone: (608

FOUNTAIN CITY 54629 Phone: (608) 687-7721
Operated from 1/1 To 12/31 Days of Operation: 366
Operate in Conjunction with Hospital? No
Number of Beds Set Up and Staffed (12/31/00): 50
Total Licensed Bed Capacity (12/31/00): 54
Number of Residents on 12/31/00: 46

Ownership:
Highest Level License:
Operate in Conjunction with CBRF?
Title 18 (Medicare) Certified?
Average Daily Census:

Nonprofit Church-Related Skilled No Yes 46

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Services Provided to Non-Residents	Age, Sex, and Primary Diagn	Length of Stay (12/31/0	00) %				
Home Health Care Supp. Home Care-Personal Care Supp. Home Care-Household Services Day Services	No No No No	Primary Diagnosis  Developmental Disabilities Mental Illness (Org./Psy)	0. 0 43. 5	Age Groups Under 65 65 - 74	6. 5 10. 9	Less Than 1 Year 1 - 4 Years More Than 4 Years	54. 3 21. 7 23. 9
Respite Care Adult Day Care Adult Day Health Care Congregate Meals Home Delivered Meals	No No No No No	Mental Illness (Other) Alcohol & Other Drug Abuse Para-, Quadra-, Hemiplegic Cancer Fractures	0. 0 0. 0 0. 0 8. 7 2. 2	75 - 84 85 - 94 95 & 0ver	19. 6 50. 0 13. 0	**************************************	
Other Meals Transportation Referral Service Other Services Provide Day Programming for Mentally Ill Provide Day Programming for Developmentally Disabled	No No No No No	Cardiovascul ar Cerebrovascul ar Di abetes Respiratory Other Medical Conditions	30. 4 8. 7 4. 3 0. 0 2. 2	65 & Over Sex Male Female	93. 5 	RNs LPNs Nursing Assistants Aides & Orderlies	11. 0 8. 3 27. 6
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## Method of Reimbursement

	Medicare (Title 18)				Medicaid (Title 19)			Other Private			Pay		Manageo	l Care		Percent	
			Per Die	m		Per Die	m		Per Die	m		Per Dien	1	Ŭ	Per Diem	Total	Of All
Level of Care	No.	%	Rate	No.	. %	Rate	No.	%	Rate	No	. %	Rate	No.	%	Rate	No.	Resi dents
Int. Skilled Care	0	0. 0	\$0.00	1	3. 7	\$112. 50	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	1	2. 2%
Skilled Care	5	100.0	\$237.65	24	88. 9	\$95. 75	0	0.0	\$0.00	14	100.0	\$107.50	0	0.0	\$0.00	43	93. 5%
Intermedi ate				2	7.4	\$79.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	2	4. 3%
Limited Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Personal Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	<b>\$0. 00</b>	0	0.0%
Residential Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Dev. Di sabl ed				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	<b>\$0. 00</b>	0	0.0%
Traumatic Brain Inj		0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Ventilator-Depender	ıt 0	0.0	<b>\$0. 00</b>	0	0.0	\$0.00	0	0.0	<b>\$0. 00</b>	0	0.0	\$0.00	0	0.0	<b>\$0. 00</b>	0	0.0%
Total		100.0		27	100. 0		0	0.0		14	100.0		0	0.0		46	100.0%

Admissions, Discharges, and Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/00 Deaths During Reporting Period % Needi ng Total Assistance of Percent Admissions from: Activities of % Totally Number of Private Home/No Home Health 16.7 Daily Living (ADL) Independent One Or Two Staff Dependent Resi dents Private Home/With Home Health 0.0 Baťhi ng **0.** 0 67. 4 32. 6 46 Other Nursing Homes 0.0 **Dressing** 15. 2 37. 0 47.8 46 Acute Care Hospitals
Psych. Hosp. - MR/DD Facilities
Rehabilitation Hospitals 83.3 Transferring 37. 0 28.3 34.8 46 37.0 23.9 39. 1 46 0.0 Toilet Use 0.0 Eating 63.0 34.8 2.2 46 Other Locations \*\*\*\*\*\*\* 0.0 Total Number of Admissions 60 Continence Special Treatments Receiving Respiratory Care
Receiving Tracheostomy Care
Receiving Suctioning
Receiving Ostomy Care Percent Discharges To: Indwelling Or External Catheter 2. 2 6. 5 Private Home/No Home Health 21.3 Occ/Freq. Incontinent of Bladder 47.8 0.0 Private Home/With Home Health 3. 3 Occ/Freq. Incontinent of Bowel 28. 3 2. 2 Other Nursing Homes 2. 2 1.6 Acute Care Hospitals
Psych. Hosp. - MR/DD Facilities
Rehabilitation Hospitals Receiving Tube Feeding Receiving Mechanically Altered Diets 44.3 Mobility 2. 2 Physically Restrained 6. 5 0.0 39. 1 0. 0 Other Locations 0.0 Skin Care Other Resident Characteristics 29. 5 0.0 Deaths With Pressure Sores Have Advance Directives 100.0 Total Number of Discharges With Rashes Medications 0.0Receiving Psychoactive Drugs 43. 5 (Including Deaths)

Selected Statistics: This Facility Compared to All Similar Rural Area Facilities & Compared to All Facilities

		Ownershi p:		Bed Size:		Li censure:			
	Thi s	This Nonprofit		50-99		Skilled		Al l	
	Facility Peer Group		Peer	Group	Peer Group		Facilities		
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	85. 2	88. 0	0. 97	85. 4	1.00	84. 1	1. 01	84. 5	1.01
Current Residents from In-County	78. 3	79. 3	0. 99	72. 9	1.07	76. 2	1.03	77. 5	1.01
Admissions from In-County, Still Residing	35. 0	24. 2	1. 45	21. 3	1.64	22. 2	1. 58	21. 5	1.63
Admissions/Average Daily Census	130. 4	102. 4	1. 27	101. 3	1. 29	112. 3	1. 16	124. 3	1.05
Discharges/Average Daily Census	132. 6	99. 2	1. 34	101. 3	1. 31	112. 8	1. 18	126. 1	1.05
Discharges To Private Residence/Average Daily Census	32. 6	33.8	0. 96	37. 6	0. 87	44. 1	0. 74	49. 9	0. 65
Residents Receiving Skilled Care	95. 7	88. 7	1. 08	89. 6	1.07	89. 6	1. 07	83. 3	1. 15
Residents Aged 65 and Older	93. 5	96. 0	0. 97	93. 4	1.00	94. 3	0. 99	87. 7	1.07
Title 19 (Medicaid) Funded Residents	<b>58</b> . 7	68. 6	0.86	69. 0	0.85	70. 1	0.84	69. 0	0.85
Private Pay Funded Residents	30. 4	26. 2	1. 16	23. 2	1. 31	21. 4	1.42	22. 6	1. 35
Developmentally Disabled Residents	0. 0	0. 6	0.00	0. 9	0.00	0. 9	0.00	7. 6	0.00
Mentally Ill Résidents	43. 5	38. 6	1. 13	41.5	1.05	39. 6	1. 10	33. 3	1.30
General Medical Service Residents	2. 2	16. 4	0. 13	15. 4	0. 14	17. 0	0. 13	18. 4	0. 12
Impaired ADL (Mean)	51. 3	46. 9	1.09	47. 7	1. 08	48. 2	1.07	49. 4	1.04
Psychological Problems	43. 5	<b>53. 4</b>	0. 81	51. 3	0.85	50.8	0. 86	50. 1	0.87
Nursing Care Required (Mean)	6. 5	6. 5	1. 01	6. 9	0.94	6. 7	0. 97	7. 2	0.91